

## SERVICE / VEHICLE LICENSURE APPLICATION GENERAL OPERATION

Please describe the **general operation** of your service; including how it will operate in a manner consistent with WAC 246-976, the Regional Plan, and approved Regional Patient Care Procedures. *(Please find this information on our website at [www.doh.wa.gov/hsqa/emtp](http://www.doh.wa.gov/hsqa/emtp) click on "Licensure Processes." If you require hard copies of this information, please contact the appropriate Licensing and Certification office, shown at the bottom of this application).* Provide an explanation of your:

**1. Dispatch plan**

We are dispatched by the County 911 System.

**2. Response plan**

To send the nearest EMS licensed vehicle (with EMTs) followed by ALS transport, if necessary.

**3. Response area**

Our response area is the city of Elsewhere (example; from milepost A to Z).

**4. Type of transport (emergency and/or interfacility), if any**

We provide both emergency and interfacility transport.

**5. Tiered response and rendezvous, if any**

We provide tiered response with BLS, ILS and ALS (see #2).

**6. Back-up plan to respond (may not apply to agencies doing interfacility transports only)**

Our back-up response plan is via a mutual aid agreement with Fire Dist. #10.

**NOTE:** Other services involved in your response plan must be informed by you that they are participants and identified in number 6 above. These agencies must agree to that participation. Attach extra sheets as necessary.

***"I hereby affirm and declare that the information provided on this application is true and correct, and that:***

- 1. We operate in a manner that is consistent with the Regional Plan and pre-hospital patient care procedures;*
- 2. The vehicles identified on Page 2 meet the minimum equipment requirements for the type of licensure and/or verification requested by our service;*
- 3. We meet the minimum staffing requirements for licensure and/or verification as identified on the attached page;*
- 4. Our EMS Personnel utilize DOH approved Medical Program Director (MPD) protocols; and*
- 5. We maintain current liability insurance coverage."*

\_\_\_\_\_  
Person Completing Application

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Operator

\_\_\_\_\_  
(Signature & Title)

\_\_\_\_\_  
Date

**DO NOT DUPLICATE**

WEST: OEMTP / L&C, PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853 / (360) 705-6711 / 1-800-458-5281, Ext. #1  
EAST: OEMTP / L&C, 1500 WEST 4<sup>TH</sup>, SUITE 403, SPOKANE, WASHINGTON 99204 / (509) 456-2904 / 1-800-458-5276